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**United States Department of Energy
Office of Hearings and Appeals**

In the Matter of: Personnel Security Hearing)	
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Filing Date: March 7, 2024)	Case No.: PSH-24-0081
)	
_____)	

Issued: July 5, 2024

Administrative Judge Decision

Janet R. H. Fishman, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXX (the Individual) to hold an access authorization under the United States Department of Energy's (DOE) regulations, set forth at 10 C.F.R. Part 710, "Procedures for Determining Eligibility for Access to Classified Matter and Special Nuclear Material."¹ As discussed below, after carefully considering the record before me in light of the relevant regulations and the *National Security Adjudicative Guidelines for Determining Eligibility for Access to Classified Information or Eligibility to Hold a Sensitive Position* (June 8, 2017) (Adjudicative Guidelines), I conclude that the Individual's access authorization should not be restored.

I. BACKGROUND

The Individual is employed by a DOE contractor in a position that requires him to hold an access authorization. Exhibit (Ex.) 1. In September 2023, the Individual was charged with Battery On A Household Member after consuming two sixteen-ounce alcoholic beverages. *Id.* at 5.² As a result of the September 2023 criminal charge, the Local Security Office (LSO) issued the Individual a Letter of Interrogatory (LOI) concerning the incident. Ex. 9. In his response, the Individual represented that he was "wrongfully accused." *Id.* at 58. The Individual responded to a second LOI in October 2023 and indicated that the September 2023 criminal charge against him was dismissed. Ex. 8 at 47. He also reported that, although he testified during a prior administrative review hearing in November 2022 that he had been sober since July 2021 and was dedicated to his sobriety, he

¹ The regulations define access authorization as "an administrative determination that an individual is eligible for access to classified matter or is eligible for access to, or control over, special nuclear material." 10 C.F.R. § 710.5(a). This Decision will refer to such authorization as access authorization or security clearance.

² The LSO's Exs. 1–13 were combined and submitted in a single, 892-page PDF workbook. References to LSO Exs. 1–13 are to the exhibit number and the Bates number located in the top right corner of each exhibit page. The LSO submitted Ex. 14 as a separate document. This Decision will cite to Ex. 14 by reference to the exhibit and page number within the document.

had relapsed and consumed “[two] beers” in July 2023 and two beers in September 2023.³ *Id.* at 39–40. The Individual further represented that he had been sober since September 2023. *Id.* at 41. In December 2023, the Individual was evaluated by a DOE-consultant Psychologist (DOE Psychologist), which resulted in a finding that the Individual met sufficient *Diagnostic and Statistical Manual of Mental Disorders -- Fifth Edition (DSM-5)* criteria for a diagnosis of Alcohol Use Disorder (AUD), moderate, without adequate evidence of rehabilitation or reformation. Ex. 10 at 73–74.

The LSO subsequently issued the Individual a Notification Letter advising him that it possessed reliable information that created substantial doubt regarding his eligibility for access authorization. Ex. 1 at 5. In a Summary of Security Concerns (SSC) attached to the letter, the LSO explained that the derogatory information raised security concerns under Guideline G of the Adjudicative Guidelines. *Id.*

The Individual exercised his right to request an administrative review hearing pursuant to 10 C.F.R. Part 710. Ex. 2. The Director of the Office of Hearings and Appeals (OHA) appointed me as the Administrative Judge in this matter, and I conducted an administrative hearing. The LSO submitted fourteen exhibits (Exs. 1–14). The Individual submitted seven exhibits (Exs. A–G).⁴ The Individual testified on his own behalf and offered the testimony of five additional witnesses. Hearing Transcript, OHA Case No. PSH-24-0081 (Tr.) at 11–95. The LSO called the DOE Psychologist to testify. *Id.* at 96–109.

II. THE SECURITY CONCERNS

Guideline G, under which the LSO raised the security concerns, relates to security risks arising from excessive alcohol consumption. “Excessive alcohol consumption often leads to the exercise of questionable judgment or the failure to control impulses and can raise questions about an individual’s reliability and trustworthiness.” Adjudicative Guidelines at ¶ 21. In citing Guideline G, the LSO relied upon the DOE Psychologist’s December 2023 diagnosis that the Individual suffered from AUD, moderate. Ex. 1 at 5. It also cited the Individual’s alcohol consumption prior to his September 2023 battery charge and his admission that he relapsed in July 2023 despite previously testifying that he was dedicated to sobriety in November 2022. *Id.*

III. REGULATORY STANDARDS

A DOE administrative review proceeding under Part 710 requires me, as the Administrative Judge, to issue a Decision that reflects my comprehensive, common-sense judgment, made after consideration of all the relevant evidence, favorable and unfavorable, as to whether the granting or continuation of a person’s access authorization will not endanger the common defense and

³ At the time the Individual first sought access authorization in 2021, the LSO also advised the Individual that it possessed reliable information that created substantial doubt regarding his eligibility for access authorization. Ex. 12 at 667. After the Individual requested an administrative review hearing, the Administrative Judge concluded that the Individual had mitigated the LSO’s security concerns, which were raised under Guidelines G and J. *Id.* at 671–73.

⁴ Exs. A–F were combined and submitted in a single, 17-page PDF workbook. This Decision will cite to these exhibits by reference to the exhibit and page number within the workbook. Ex. G was submitted as a separate document. This Decision will cite to Ex. G by reference to the exhibit and page number within the document.

security and is clearly consistent with the national interest. 10 C.F.R. § 710.7(a). The regulatory standard implies that there is a presumption against granting or restoring a security clearance. *See Dep't of Navy v. Egan*, 484 U.S. 518, 531 (1988) (“clearly consistent with the national interest” standard for granting security clearances indicates “that security determinations should err, if they must, on the side of denials”); *Dorfmont v. Brown*, 913 F.2d 1399, 1403 (9th Cir. 1990) (strong presumption against the issuance of a security clearance).

An individual must come forward at the hearing with evidence to convince the DOE that granting or restoring access authorization “will not endanger the common defense and security and will be clearly consistent with the national interest.” 10 C.F.R. § 710.27(d). An individual is afforded a full opportunity to present evidence supporting his or her eligibility for an access authorization. The Part 710 regulations are drafted to permit the introduction of a very broad range of evidence at personnel security hearings. Even appropriate hearsay evidence may be admitted. *Id.* at § 710.26(h). Hence, an individual is afforded the utmost latitude in the presentation of evidence to mitigate the security concerns at issue.

IV. FINDINGS OF FACT

As part of his 2022 access authorization adjudication, the Individual was evaluated by a DOE-consultant psychologist (Prior DOE Psychologist) in March 2022. Ex. 12 at 119. The Prior DOE Psychologist noted that the Individual had been arrested for six alcohol-related incidents, which included four Driving Under the Influence (DUI) or Driving While Intoxicated (DWI) charges, with the most recent to the 2022 evaluation occurring in July 2021. *Id.* at 207–09. The Prior DOE Psychologist diagnosed the Individual with AUD, moderate, in early remission. *Id.* at 210. Prior to the November 2022 hearing, the Individual completed an intensive outpatient treatment program (IOP), which met for nine hours a week for sixteen weeks, an aftercare program, which met once a week for sixteen weeks, and attended Alcoholics Anonymous (AA) meetings twice weekly. *Id.* at 670, 672. At the November 2022 hearing, the Prior DOE Psychologist testified that the Individual had put forth sufficient evidence of rehabilitation. *Id.* at 605.

As noted above, after his access authorization was granted following the November 2022 hearing, the Individual was charged with Battery On A Household Member in September 2023 and admitted to relapsing in July and September 2023. Ex. 1 at 5. During the December 2023 evaluation with the DOE Psychologist, the Individual reported that he relapsed with alcohol in July 2023 “[o]ut of grief from the death of his uncle.” Ex. 10 at 68. The Individual also represented that he had not “felt an urge to drink” since the last time he consumed alcohol in September 2023. *Id.* Directly after the December 2023 evaluation, the Individual underwent a “Phosphatidyl Ethanol” (PEth) laboratory test to detect recent alcohol consumption. *Id.* The results of the Individual’s PEth test were negative. *Id.*

In the psychological report (Report) issued after the evaluation, the DOE Psychologist diagnosed the Individual with AUD, moderate, based on the Individual’s “extensive alcohol history[,] including four DUI/DWI’s, three treatments, extensive ongoing alcohol abstinence interventions, and [the Prior DOE Psychologist]’s March 8, 2022 diagnosis of moderately severe [AUD] with specific rehabilitation elements[.]” *Id.* at 72. The DOE Psychologist indicated that the Individual met five diagnostic criteria for AUD, and cited the Individual’s (1) “unsuccessful control” over his

efforts to cut down on alcohol, (2) “history of binge drinking and requiring extensive structure to maintain sobriety,” (3) “craving when around alcohol or alcohol using friends,” (4) “two episodes of recurrent use despite March 2022 recommendations by [the Prior DOE Psychologist],” and (5) “persistent interpersonal difficulties.” *Id.* at 73.

The DOE Psychologist recommended that to demonstrate rehabilitation or reformation of AUD, the Individual should demonstrate alcohol abstinence for twenty-four months, participate in AA for two years at a minimum of three meetings per week, maintain an AA sponsorship, provide monthly PEth tests, and continue in the [Fitness for Duty (FFD)] program.” *Id.* at 74. The DOE Psychologist also recommended that the Individual “resolve all legal disputes related to the September 2023 alcohol use,” and “obtain psychodynamically informed psychotherapy for a better understanding of what motivates his alcohol use.” *Id.*

At the hearing, the Individual’s AA sponsor, who has been sober for twenty-nine years, testified that he has known the Individual for “about a year,” and that the Individual is currently on Step 4 of the program. Tr. at 22, 24. He indicated that, although he has not met the Individual in-person, the Individual calls him two or three times per week. *Id.* at 25, 27. He testified that, to the best of his knowledge, the Individual has not consumed alcohol since September 2, 2023, but noted that the Individual did reach out to him once after feeling the urge to consume alcohol after a “tough day.” *Id.* at 26–28. The AA sponsor further stated that he is optimistic about the Individual’s likelihood of remaining sober because of the “diligenc[e] that [the Individual] shows in contacting [him] and . . . reading the [AA Big Book].” *Id.* at 29.

The Individual’s ex-wife, who was married to the Individual for five years, testified that, although they are divorced now, the Individual still maintains a close relationship with her daughter (his stepdaughter).⁵ *Id.* at 33–34. She indicated that both herself and her daughter see the Individual two or three times per week, and she had not seen him consume alcohol in the nine months preceding the date of the hearing. *Id.* at 34, 36. She noted that the Individual told her that he “wanted to be better” for his stepdaughter and his job, and he didn’t “have any plans on drinking.” *Id.* at 37.

The Individual’s partner testified that she has known the Individual for two years, and they have a 9-month-old son together. *Id.* at 42–43. She stated that the only time she witnessed the Individual consume alcohol was the night of September 2, 2023, and “since then, he’s been sober.”⁶ *Id.* at 44. She further testified that the Individual has told her that he “does enjoy going to the [various alcohol treatment] meetings” and is able to “talk about what he goes through” during the meetings. *Id.* at 45. The partner indicated that neither herself nor the Individual keep alcohol in their homes. *Id.* at 46.

⁵ Although the daughter is the ex-wife’s daughter, and the Individual’s stepdaughter, both of them referred to her as his daughter. Tr. at 33.

⁶ Although the Individual’s partner testified that she witnessed the Individual consume alcohol on the night of September 2, 2023, the Individual testified that he was with another woman the night of the incident. See Tr. at 59.

The Individual's direct supervisor, who has worked with the Individual for approximately three years, testified that the Individual's "performance at work is exceptional." *Id.* at 50–51. He described the Individual as his "right-hand man," and stated that he has never "smelled [alcohol] on [the Individual]." *Id.* at 52–53. He asserted that the Individual has "dedicated his life" to his son and stepdaughter and is "completely done with [alcohol]." *Id.* at 53–54. The supervisor further indicated that he believes the Individual to be stable, trustworthy, and reliable. *Id.* at 54.

In addition to this testimony, the Individual also presented letters from his therapist, supervisor, and AA assistant group leader. Ex. C; Ex. E; Ex. F. The therapist's letter indicated that the Individual has been attending weekly individual counseling sessions with her since November 14, 2023. Ex. C at 14. She stated that the Individual has been "working on relapse prevention with new positive coping strategies[,] and "find[ing] the root cause for his alcohol use." *Id.* She also stated that the Individual "has been cooperative, present, and motivated in all sessions and his hard work is noticeable." *Id.* The supervisor, an employee for twenty-five years, stated in his letter that the Individual is "visually respected among his peers" and "exceeds his current position." Ex. E at 16. The AA assistant group leader stated in his letter that, "approximately one year ago," the Individual "presented himself to do community service" and "fulfilled that obligation within a month and a half." Ex. F at 17. He further stated that the Individual "has presented himself at the club at least two times a week[,] and "shares what brought him here" *Id.* He also asserted that he is "sure of [the Individual's] sincerity and desires." *Id.*

The Individual confirmed that he first relapsed in July 2023 after his uncle passed away. Tr. at 60. Regarding his second relapse in September 2023, he asserted that he only consumed alcohol because he "was really stressed out" due to an "overwhelming" situation at the time.⁷ *Id.* at 57. He stated that approximately one week after the incident, "the charges were dropped due to [his ex-girlfriend's noncooperation] with the law." *Id.* at 59. The Individual asserted that he told his ex-girlfriend that he "didn't want any contact with her" after this, and he last heard from her a few months ago, but declined to answer her text message.⁸ *Id.* at 59, 63–64.

After the Individual reported the September 2023 incident to the LSO, he was placed in a six-month FFD program. *Id.* at 67. As part of the FFD, he received daily drug and alcohol screenings, which the Individual asserted were all negative.⁹ *Id.* at 67, 84. He was also required to attend six-week and twelve-week Employee Assistance Program (EAP) alcohol awareness and education

⁷ The Individual indicated that in December 2022, he moved in with his now-ex girlfriend after thinking that his current partner ended their relationship. Tr. at 58. However, several months later, he learned that his current partner was pregnant with his child, and on the day of the September 2023 incident, he "[came] clean" to his now ex-girlfriend about his current partner's pregnancy. *Id.* at 58–59.

⁸ The Individual stated that his ex-girlfriend "occasionally" consumed alcohol, which was likely "one of the contributors towards [his] relapse." Tr. at 62.

⁹ The Individual asserted that if he had tested positive for drugs or alcohol at any point, he would have been placed on leave. Tr. at 84. The EAP counselor also testified that she believed she would have heard if the Individual tested positive during the FFD. *Id.* at 14–15.

classes, which he successfully completed.¹⁰ *Id.* at 67–68. The Individual submitted the results of twelve PEth tests taken between September 28, 2023, and June 4, 2024, all of which were negative, except for the September 2023 test.¹¹ Ex B.

The Individual testified that he began attending AA again the weekend after the September 2023 incident.¹² Tr. at 74. He stated that his attendance has varied every week because of commitments to his children, but he typically attends between one and two sessions every week. *Id.* at 77. He asserted that he plans to attend AA for the rest of his life because he “stopped caring” after he left before. *Id.* at 78.

The Individual testified that he also began seeing a therapist for weekly sessions starting in November 2023. *Id.* at 69–70. He stated that he told the therapist that he wanted to figure out “what was under [his addiction],” including the underlying “mental [and] emotional factors,” and he has since experienced a “breakthrough.” *Id.* He indicated that these sessions have “touched on some very sensitive emotions” and taught him “ways of trying to calm [himself].” *Id.* at 70–71. He stated that he wants to keep attending therapy “as long as possible,” and he won’t stop “anytime soon.” *Id.* at 71.

The Individual testified that he started attending telehealth IOP treatment sessions in February 2024. *Id.* He stated that, although he originally attended three, three-hour meetings per week, because his insurance no longer covers the program, he reduced his attendance to two weekly meetings approximately one month before the hearing. *Id.* at 72. He also noted that successful completion of the IOP requires attendance at forty-four meetings. *Id.* The Individual submitted an email from the IOP’s executive director, which indicated that the Individual successfully completed the program as of the hearing date. Ex. G at 1. The IOP’s executive director stated that the Individual “had good attendance” and “learned skills to regulate emotions, theories regarding the brain, distress tolerance, cognitive distortions and more.” *Id.* The executive director also asserted that the Individual “has been cooperative and volunteers his input to many lessons.” *Id.* The Individual testified that he plans to enroll in an aftercare program, which meets twice per week. Tr. at 73. He also indicated that he is “pushing [himself] to go into a SMART recovery program,” but he has not attended a meeting yet. *Id.* at 80.

The Individual testified that “maybe subconsciously, . . . [he] probably didn’t let go of the idea of drinking” during his previous attempt at sobriety. *Id.* at 65. However, he stated that he has “purpose now” in life, which includes looking after his son and stepdaughter, the latter of which was recently

¹⁰ The record includes the Individual’s Certificate of Completion for the six-week EAP class, dated November 2, 2023, and the twelve-week EAP class, dated March 7, 2024. Ex. A at 1–2.

¹¹ The Individual’s September 28, 2023, PEth test result was positive at a level of 44 ng/mL. Ex. B. After the hearing, the DOE Psychologist explained that this result “is consistent with [the Individual] having stopped drinking and the alcohol . . . working its way out of his system.” Ex. 14 at 1. The DOE Psychologist further noted that ““this test shows evidence that he had drunk [alcohol] within the last [thirty] days.” *Id.*

¹² The record includes an AA attendance log that demonstrates the Individual’s attendance at sixteen AA meetings from March to June 2024. Ex. D at 15. The Individual stated that he did not start documenting his attendance before March 2024 because he was not aware of the DOE Psychologist’s recommendation to record such attendance until that time. Tr. at 73.

hospitalized. *Id.* at 65, 87. He asserted that he is “very confident in [himself] now to stay sober,” and that he “want[s] to have a healthy life.” *Id.* at 85–86. The Individual stated that he is in a better position now to deal with tragic events because of the “skills that [he’s] learned [through the] IOP,” which has allowed him to “get[] to the root of [the] problem.” *Id.* at 88. He indicated that he has a strong support system in place, which includes three people in AA that he “talk[s] a lot to daily,” his AA sponsor, his partner, his stepdaughter, and the EAP program. *Id.* at 89.

The Individual’s EAP counselor testified that the six-week alcohol awareness and education EAP class primarily focused on education and “raising one’s awareness as to their relationship with alcohol.” *Id.* at 12. Although the class did not have an abstinence requirement, the counselor testified that the Individual informed her he had been abstinent since the night of his arrest in September 2023. *Id.* at 12, 14. She also testified that she would have heard if the Individual had tested positive for alcohol during the FFD, which did require alcohol testing. *Id.* at 14–15. The counselor also noted that, although the Individual already completed the twelve-week alcohol awareness and education class in March 2024, he still attends the class as an alumnus. *Id.* at 15. She continued that the Individual is “positive” in the group classes and often discusses his journey through recovery. *Id.* at 16. She indicated that she believes the Individual understands the nature of his AUD, and that it is his long-term goal to remain sober. *Id.* at 17. She also noted that, although the Individual has “gone through an enormous amount of stress” after a car accident and his stepdaughter’s recent hospitalization, he still “reaches out to . . . the recovery community” and has not relapsed. *Id.* at 18–19. The counselor indicated that she is optimistic about the Individual’s likelihood of remaining sober. *Id.* at 17.

The DOE Psychologist testified that, at the time he evaluated the Individual in December 2023, the Individual was not yet in early remission because “early remission [requires] between three and twelve months of no symptoms of [AUD],” and the Individual was still “having strong craving[s]” at the time. *Id.* at 97. However, the DOE Psychologist explained that the Individual is now in early remission because he is nine-months sober and “making great progress.” *Id.* at 98. He further testified that, unlike the Individual’s previous attempt at sobriety, he is now “surrounding himself with people that will support him,” and has “more of a purpose for others.” *Id.* at 101. The DOE Psychologist noted that the Individual did not consume alcohol after his stepdaughter’s hospitalization, which he believed was indicative of the “solidness in his relapse prevention program.” *Id.*

The DOE Psychologist stated that, although the Individual is not attending exactly three AA meetings per week as he recommended in his Report, he still attends at least two AA meetings per week, is “committed to [attending] AA [for] the rest of his life,” has “continued [EAP] contacts with [the EAP counselor],” and is in “treatment with [his therapist].” *Id.* at 99–100. Therefore, because the Individual has “at least three contacts per week that are AA or IOP[-]related,” the DOE Psychologist concluded that he “fulfills the spirit as well as the letter of [the treatment] requirement,” especially considering the Individual’s “complex schedule.” *Id.* Further, although the Report included a two-year abstinence and AA attendance requirement, at the hearing, the DOE Psychologist reduced this requirement to twelve months “for the purpose . . . not to praise [him] for the effort,” but to “acknowledge” his effort. *Id.* at 103. Thus, the DOE Psychologist explained that, although the Individual is not yet rehabilitated, he is “well on the road” to meeting all rehabilitation recommendations in the Report by September 2024. *Id.* at 102–04. The DOE

Psychologist noted that the Individual's AUD would be in "sustained remission" at that time "if the [elements] stay in place." *Id.* The DOE Psychologist also asserted that the Individual is reformed because he "recognizes the severity of his alcohol use and has documented stopping drinking now since . . . September 2, 2023."¹³ *Id.* at 106.

The DOE Psychologist acknowledged that opining on the risk of relapse is an "art," but stated that if the Individual "maintains the efforts he's doing now," his risk of relapse is low. *Id.* at 105. The DOE Psychologist also testified that, on a one-to-five scale, with one being excellent, and five being very poor, the Individual's prognosis is a two, which would correspond to "good." *Id.* at 107–08.

V. ANALYSIS

An individual may be able to mitigate security concerns under Guideline G though the following conditions:

- a) So much time has passed, or the behavior was so infrequent, or it happened under such unusual circumstances that it is unlikely to recur or does not cast doubt on the individual's current reliability, trustworthiness, or judgment;
- b) The individual acknowledges his maladaptive alcohol use, provides evidence of actions taken to overcome this problem, and has demonstrated a clear and established pattern of modified alcohol consumption or abstinence in accordance with treatment recommendations;
- c) The individual is participating in counseling or a treatment program, has no previous history of treatment and relapse, and is making satisfactory progress in a treatment program; and
- d) The individual has successfully completed a treatment program along with any required aftercare, and has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations.

Adjudicative Guidelines at ¶ 23.

Regarding factor (a), the Individual relapsed twice within the year prior to the hearing, and his AUD is not yet in sustained remission. Furthermore, because the Individual's relapses occurred after he was no longer subject to the treatment requirements related to his first access authorization adjudication, I have doubts as to whether the Individual will maintain his positive lifestyle changes if his clearance is restored, and he again is no longer subject to such requirements. Therefore, I cannot conclude that so much time has passed, the behavior was so infrequent, or the behavior

¹³ At the hearing, the DOE Psychologist stated that, as he understands it, "reformation means recognizing that the person has a problem with alcohol or drugs and stop[s] using," while rehabilitation "is the completion of effective treatment." Tr. at 106. He further asserted that psychologists have recently "collapsed [the analysis] just to rehabilitation." *Id.* However, in the Report, the DOE Psychologist indicated that his abstinence/treatment recommendations were necessary for the Individual to demonstrate *reformation*. Ex. 10 at 74.

occurred under such unusual circumstances that it is unlikely to recur or does not cast doubt on the Individual's current reliability, trustworthiness, or judgment. As such, I find that the Individual has not mitigated the security concerns under factor (a).

Regarding factor (b), it is evident that the Individual acknowledges his maladaptive alcohol use, and I find his testimony regarding his commitment to sobriety, treatment, and his new-found purpose in life to be sincere. However, as explained above, the Individual's prior relapses followed the removal of treatment controls, and I have doubts as to how he would respond to the removal of such controls now. Additionally, the DOE's Psychologist's revised treatment recommendations require one-year of abstinence and AA/IOP attendance.¹⁴ Although the Individual may be "well on the road" to meeting these recommendations by September 2024, he had not satisfied them yet.¹⁵ Therefore, I find that the Individual has not mitigated the security concerns under factor (b).

Regarding factor (c), although the Individual is actively participating in AA and recently completed his IOP, he admitted to relapsing twice within the past year after having previously received treatment and has not yet met the DOE Psychologist's revised one-year AA/IOP treatment recommendation. Therefore, I find that the Individual has not mitigated the security concerns under factor (c).

Regarding factor (d), although the Individual completed an IOP and demonstrated his abstinence since the September 2023 relapse, the DOE Psychologist recommended that the Individual both participate in AA and remain abstinent for a full year. Accordingly, because the Individual has not yet met the DOE Psychologist's one-year treatment and abstinence recommendation, I find the Individual has not mitigated the security concerns under factor (d).

Accordingly, I find that none of the mitigating conditions have been satisfied, and that the Individual has not resolved the security concerns asserted by the LSO under Guideline G.

VI. CONCLUSION

In the above analysis, I found that there was sufficient derogatory information in the possession of DOE to raise security concerns under Guideline G of the Adjudicative Guidelines. After considering all the relevant information, favorable and unfavorable, in a comprehensive, common-sense manner, including weighing all the testimony and other evidence presented at the hearing, I find that the Individual has not brought forth sufficient evidence to resolve the security concerns set forth in the Summary of Security Concerns. Accordingly, I have determined that the Individual's access authorization should not be restored. This Decision may be appealed in accordance with the procedures set forth at 10 C.F.R. § 710.28.

¹⁴ As explained previously, although the DOE Psychologist recommended two years of abstinence from alcohol in the Report, at the hearing, he revised his recommendation to one year.

¹⁵ As noted previously, although the DOE Psychologist testified that the Individual was reformed because he recognized that he had an alcohol problem and stopped consuming, this differed from his Report, which listed the treatment/abstinence recommendations as necessary steps to achieve reformation. In any event, regardless of the Individual's recognition of his alcohol problem, he has not yet demonstrated a clear and established pattern of modified alcohol consumption or abstinence in accordance with treatment recommendations.

Janet R. H. Fishman
Administrative Judge
Office of Hearings and Appeals